## **UNITED STATES**

	II x	ILITY PATENT APPLICA OWER OF ATTORNEY –			Y'S DOCK <b>206,697</b>	ET NO.		
(I) TITLE OF INVENTION	As a below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name:  I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled  (1)  SYSTEM FOR PROVIDING TACTILE STIMULATION IN RESPONSE TO A PREDETERMINED ALARM CONDITION							
	the specification of which							
(2) CHECK APPROPRIATE BOX	(2) is attached hereto.  X was filed on	4 April 2003	as Application No.	PCT/AU03/004	<u> 107</u>			
	and was amended on(if applicable).							
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.  I acknowledge my duty to disclose information of which I am aware which is material to the patentability of this application under 37 CFR 1.56(a): the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months prior to this application; and as to applications for patents or inventor's certificate on the invention filed in any country foreign to the United States prior to this application by me or my legal representatives or assigns.							
(3) CHECK APPROPRIATE BOX		s have been filed, or nave been filed as follows:						
4)COMPLETE	EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED WITHIN 12 MONTHS PRIOR TO THIS APPLICATION							
DATA INDICATED	Country	Application Number	Date of Filing (day, month, year)	Date of Issue (day, month, year)	Priority C Under 35 U			
IF APPLICABLE	(4) Australia	PS 1577	5 April 2002		☑ Yes	□ No		
					☐ Yes	□ No		
	ALL EODEIGN ADDI	ICATIONS, IF ANY, FILED	MORE THAN 12 MONT	THE DRIOD TO THIS A	PPI ICATION	□ No		
	(4)		MORE THAN 12 MONT	113 FRIOR TO THIS A	LICATION			
	\ '/							

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(5) COMPLETE (5)			
DATA INDICATED	(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)
IF APPLICABLE		,	
(5)			
	(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)

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Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Jeffrey A. Schwab, Registration Number 24,490 Thomas E. Spath, Registration Number 25,928 Jay S. Cinamon, Registration Number 24,156 Joseph J. Catanzaro, Registration Number 25,837 Abigail F. Cousins, Registration Number 29,292 Anthony Coppola, Registration Number 41,493 Alan D. Gilliland, Registration Number 26,549 Anthony J. Natoli, Registration Number 36,223

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(6) DETAILS REQUIRED FOR EACH INVENTOR

Full Name of Sole or First Inventor	Inventor's Signature	Date					
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Full Name of Fifth Joint Inventor, If Any	Inventor's Signature	Date					
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Full Name of Sixth Joint Inventor, If Any	Inventor's Signature	Date					
	Inventor's Signature						
Full Name of Sixth Joint Inventor, If Any  Residence	Inventor's Signature	Date					
Full Name of Sixth Joint Inventor, If Any	Inventor's Signature	Date					

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